

4977

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 143 State Index No. 506
 ORIGINAL CERTIFICATE OF BIRTH
 Co. Register No. 116
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD Gwendolyn Lema Allan { Born YES
 Alive NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other _____ and { Number in order of birth _____ Legitimacy Yes Date of Birth May 15 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Charles H. Allan
 Residence Po. Broad St.
 Color or Race White Age at last Birthday 24 (Years)
 Birthplace Maywood Mo.
 Occupation Chaffeur

MOTHER
 Full Maiden Name Elizabeth Dalmolin
 Residence Panda
 Color or Race White Age at last Birthday 21 (Years)
 Birthplace Bedmell, Ill.
 Occupation Housewife

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 15 1916, at 8 9 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) A. J. Dalmolin
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1916

Address _____
 Filed May 30 1916

B. J. Jot
 LOCAL REGISTRAR.

715-515-545
 COUNTY REGISTRAR.

A True Copy

Filed June 5 1916

B. J. Jot
 COUNTY REGISTRAR.